

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Medical Response Inc Political Action Committee

ADDRESS (number and street)

6200 S Syracuse Way, Suite 200

☐Check if different  
than previously  
reported. (ACC)

Greenwood Village

CO

80111

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00389585

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2011

through

08

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr David Buckley

Signature of Treasurer

Electronically Filed by Mr David Buckley

Date

09

08

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Medical Response Inc Political Action Committee

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 8 | 0 | 1 | 2 | 0 | 1 | 1 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 8 | 3 | 1 | 2 | 0 | 1 | 1 |

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span style="border: 1px solid black; padding: 2px;">2011</span>                |                         | 78646.94                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 85420.69                |                                   |
| (c) Total Receipts (from Line 19) .....  | 2353.62                 | 24877.37                          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 87774.31                | 103524.31                         |
| 7. Total Disbursements (from Line 31) .....  | 1000.00                 | 16750.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 86774.31                | 86774.31                          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Medical Response Inc Political Action Committee

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 8 | 0 | 1 | 2 | 0 | 1 | 1 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 8 | 3 | 1 | 2 | 0 | 1 | 1 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 2117.62                       | 17634.58                          |
| (ii) Unitemized .....  | 236.00                        | 7242.79                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 2353.62                       | 24877.37                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 2353.62                       | 24877.37                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 2353.62                       | 24877.37                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 2353.62                       | 24877.37                          |

| II. DISBURSEMENTS  |         | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|---------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |         |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |         |                               |                                   |
| (i) Federal Share.....   | 0.00    | 0.00                          |                                   |
| (ii) Non-Federal Share.....  | 0.00    | 0.00                          |                                   |
| (b) Other Federal Operating Expenditures.....  | 0.00    | 0.00                          |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 0.00    | 0.00                          |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00    | 0.00                          |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 1000.00 | 16750.00                      |                                   |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00    | 0.00                          |                                   |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00    | 0.00                          |                                   |
| 26. Loan Repayments Made.....  | 0.00    | 0.00                          |                                   |
| 27. Loans Made.....  | 0.00    | 0.00                          |                                   |
| 28. Refunds of Contributions To:   |         |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00    | 0.00                          |                                   |
| (b) Political Party Committees   | 0.00    | 0.00                          |                                   |
| (c) Other Political Committees (such as PACs) .....  | 0.00    | 0.00                          |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00    | 0.00                          |                                   |
| 29. Other Disbursements.....   | 0.00    | 0.00                          |                                   |
| 30. Federal Election Activity (2 U.S.C 431(20))  |         |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)  |         |                               |                                   |
| (i) Federal Share .....  | 0.00    | 0.00                          |                                   |
| (ii) "Levin" Share .....   | 0.00    | 0.00                          |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00    | 0.00                          |                                   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00    | 0.00                          |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 1000.00 | 16750.00                      |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1000.00 | 16750.00                      |                                   |

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 2353.62                       | 24877.37                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 2353.62                       | 24877.37                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Berschauer

Mailing Address 9807 Taylor St E

City

Edgewood

State

WA

Zip Code

98371-1263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response  
Ambulance Se

Occupation

Director Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1364352026478

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Randall J. Lauer

Mailing Address 11940 NW Tyler Court

City

Portland

State

OR

Zip Code

97229-8572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response  
Northwest, I

Occupation

General Manager Oprns over 40MM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1364380126478

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

James L. Lemmon

Mailing Address 13826 Meyers Dr. #2105

City

Oregon City

State

OR

Zip Code

97045-7963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response  
Northwest, I

Occupation

Supervisor Operations E

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1364398326478

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

153.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kevin J. Anderson

Mailing Address 30251 S Dhooghe Rd

City

Colton

State

OR

Zip Code

97017-9423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response  
Northwest, I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Director Comm Dispatch

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1364403426478

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ronald F. Dire-Day

Mailing Address 8004 Kenton Lane S.E.

City

Olympia

State

WA

Zip Code

98501-6884

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response  
Ambulance Se

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Paramedic Basic

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1364405026478

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Kurt W. Williams

Mailing Address Po Box 420400

City

San Diego

State

CA

Zip Code

92142-0400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response  
of Southern

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CEO - AMR Regional

Aggregate Year-to-Date ▼

980.73

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1364670726478

Amount of Each Receipt this Period

115.38

P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

192.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David L. Tice

Mailing Address 1900 Clark St.

City

Charles City

State

IA

Zip Code

50616-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tek, Inc.

Occupation

Paramedic Basic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1364805726478

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Dale R. Feldhauser

Mailing Address 3580 Diamond Ridge NE

City

Rockford

State

MI

Zip Code

49341-7935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paramed, Inc

Occupation

General Manager Oprns under 40MM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1364814526478

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Sean Piendel

Mailing Address 84 Henry St.

City

Manchester

State

CT

Zip Code

06042-3525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response  
of Connecticut

Occupation

General Manager Oprns under 40MM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1364983326478

Amount of Each Receipt this Period

40.00

P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

155.38

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel W. O'Brien

Mailing Address 1005 Dunbar Hill Rd

City

Hamden

State

CT

Zip Code

06514-1409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response  
of Connecticut

Occupation

CEO - AMR Regional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1364985226478

Amount of Each Receipt this Period

100.00

P/R Deduction (\$25.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Alfred Dellavalle

Mailing Address 43 Oakwood Drive

City

North Haven

State

CT

Zip Code

06473-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response  
of Connecticut

Occupation

VP Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1364986326478

Amount of Each Receipt this Period

80.00

P/R Deduction (\$20.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

John Eagle

Mailing Address 267 Jennings Way

City

Mickleton

State

NJ

Zip Code

08056-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response  
Mid-Atlantic

Occupation

Director Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1365042526478

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

218.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven J. Delahousey

Mailing Address 2580 Rue Palafox

City

Biloxi

State

MS

Zip Code

39531-3733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mobile Medic Ambulance Se-  
vice, Inc

Occupation

VP Emergency Preparedness

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1365131526478

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

John J. Connolly

Mailing Address 11166 Glenmoor Cir

City

Parker

State

CO

Zip Code

80138-3155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response  
of Colorado

Occupation

VP PBS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1365143526478

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Debora Gault

Mailing Address 5502 Northwest Highway

City

Waterford

State

WI

Zip Code

53185-2829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMS MGMT LLC

Occupation

VP Reimbursement (Federal)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1365144226478

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

203.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ronald W. Thackery

Mailing Address 9922 S. Silver Maple Rd.

City

Highlands Ranch

State

CO

Zip Code

80129-5460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response,  
Inc

Occupation

VP Senior Professional Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1365144626478

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Gregg M. Chiasson

Mailing Address 3858 Mallard Lane

City

Highlands Ranch

State

CO

Zip Code

80126-2960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMS MGMT LLC

Occupation

VP Client Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1365147726478

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Steven G. Murphy

Mailing Address 100 S Birch Road # 901a

City

Fort Lauderdale

State

FL

Zip Code

33316-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMS MGMT LLC

Occupation

VP Senior Government & National Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1365147926478

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

309.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Randall L. Strozyk

Mailing Address 9209 181st Ave E

City

Bonney Lake

State

WA

Zip Code

98391-7187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response  
Ambulance Se

Occupation

CEO - AASI / AMR Air

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.73

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1365275526478

Amount of Each Receipt this Period

115.38

P/R Deduction (\$57.69 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

David J. Buckley

Mailing Address 10350 Dahlberg Rd

City

Franktown

State

CO

Zip Code

80116-8249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMS MGMT LLC

Occupation

Director Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1365322026478

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Scott S. Bourn

Mailing Address 10617 Stone Creek Ct.

City

Parker

State

CO

Zip Code

80134-2536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response,  
Inc

Occupation

VP Clinical Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1365585326478

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

269.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward B Van Horne

Mailing Address 4520 Alexandra Drive

City

Colleyville

State

TX

Zip Code

76034-4256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response  
Ambulance Se

Occupation

CEO - AMR Regional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1365962826478

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mark E. Bruning

Mailing Address 725 Forest View Way

City

Monument

State

CO

Zip Code

80132-8227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response,  
Inc

Occupation

President - AMR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1703.80

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1542685626478

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Tamara L. Billings

Mailing Address 5810 Sw Candletree Dr #14

City

Topeka

State

KS

Zip Code

66614-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medevac Medical Response,  
Inc.

Occupation

Project Manager Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1542687526478

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

499.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Namon J Huddleston, Jr.

Mailing Address 3361 S. Elm St

City

Denver

State

CO

Zip Code

80222-7312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMS MGMT LLC

Occupation

Director Client Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR2270584526478

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Thomas R. Wagner

Mailing Address 303 Peppertree Rd.

City

Walnut Creek

State

CA

Zip Code

94598-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Response  
West

Occupation

CEO - AMR Regional

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR2388846826478

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....

2117.62

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Tavaglione For Congress

Mailing Address 4201 Brockton Ave Ste 100

City  
Riverside

State  
CA

Zip Code  
92501

Purpose of Disbursement

Candidate Name

Mr. John Tavaglione

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2009

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 43

Transaction ID: 33738439

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

1000.00